



CITY OF SAN PABLO

Special Event Permit Application



CITY OF SAN PABLO
City of New Directions

San Pablo Municipal Code Chapter 9.24

~ Application must generally be submitted at least 45 days in advance of Event ~

RETURN COMPLETED FORM TO:

City of San Pablo Police Department, 13880 San Pablo Avenue, San Pablo, CA 94806

Tel: (510) 215-3130 **Fax:** (510) 215-3135

INSTRUCTIONS: Please submit your **completed** application with the appropriate processing fee to the City of San Pablo Police Department. Staff is available to help you with the application process and answer any questions you may have at (510) 215-3130. **Completed application must be submitted at least forty-five (45) days prior to the event unless exempted by SPMC Chapter 9.24. Please file your application as soon as possible before the event to ensure your ability to complete the process or appeal any conditions or fees.**

CONDITIONS: You may be required to pay for miscellaneous city services such as police officers, traffic officers, barricades, trash collection, etc. Any city services required by the permit conditions **MUST** be paid within 10 days after being notified of the cost of such services.

ALL APPLICATIONS MUST BE ACCOMPANIED BY PAYMENT OF NONREFUNDABLE APPLICATION FEE. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

THERE WILL BE NO WAIVER OF THE APPLICATION FEE.

DEFINITIONS

“Special Event” is any organized formation, parade, procession, demonstration or assembly which will travel upon the street, sidewalk, or any other public right of way owned or controlled by the city which does not comply with traffic laws; or, any organized assembly with 75 or more persons, under the control of a person for a common or collective use, who will require additional public safety or services and/or which will interfere with the use of public property or right of way. Examples include: parades, concerts, community events, sporting events and/or block parties. Special Event applications must be submitted at least 45 days before the event.

“Expressive Activity Event” is any assembly, the sole or principal purpose of which is the expression, dissemination, or communication by verbal, visual, literary, or auditory means, of a particular opinion, view or idea, and, **for which no fee or donation is charged or required as a condition of participation in or attendance at such activity**, including public oratory and distribution of literature. Applications for these events should be filed as soon as possible, but may be filed as soon as two days before the event if necessary.

SECTION I: Applicant Information

Name: Diana Aleman Also Known As: _____
Address: 1220 Morello Avenue, Martinez Ca, 95553 Date of Birth: 28 October 1987

Driver License: Y3164530
Phone: 925 917 5901 State DL issued: California

SECTION II: Contact Information

The applicant for the special event permit must be the authorized representative of the organization/business conducting the special event. The applicant must be available to work with the City staff throughout the permitting process.

Responsible Organization: Contra Costa Health
Authorized Representative: Ernesto De La Torre
Address: 1220 Morello Avenue, Martinez Ca, 95553
Street City Zip Code
Telephone: (Home) _____ (Business) 925 839 0150
Cell phone: 925 839 0150 Fax: _____
Email: ernesto.delatorre@cchealth.org
Contact Person present at and in charge of event: Diana Aleman
Address: 1220 Morello Avenue, Martinez C A, 95553 Cell phone: 925 917 5901
Street City Zip Code

Does organization have a non-profit exemption? Yes No

- If yes, **Must** provide copy of the tax exemption letter issued for any applicant claiming to be a tax-exempt non-profit organization.

SECTION III: Event Summary

Name of Event: Community Health Wellness and Resource Fair
Date and Time of Event: Saturday, June 10th 2023. Time: 11:00 AM – 3:00 PM
Location of Event: San Pablo Library, 13751 San Pablo Ave, San Pablo, CA
Brief Description of Event – including purpose and target audience: _____

The goal is to bring needed health services, screenings, and health education to our historically marginalized neighborhoods, and to those with developmental disabilities. Our Fair will feature health services and vaccinations, information booths, free screenings, and interactive activities. Target Audience: The San Pablo Community

Dates/Times of Set Up: Saturday, June 10th 2023 from 8:30 AM- 10:30 AM

Dates/Times of Tear Down: Saturday, June 10th 2023 from 3:30 PM - 4:30 PM

Estimated Attendance: Spectators: 250 Participants: 50

Is event open to the public? Yes No

Is there an admission charge? Yes No

Will a promoter/event planner be hired for this event? Yes No

Will normal operations of residents or businesses be affected by your event? Yes No

Type of Event

Parade ^{Health Fair} Festival Assembly/March • **MUST** provide the following:

Number of people participating Approx. 250

Number of Vehicles and Type N/A

Number of Animals and Type N/A

Attach Map with written narrative of the travel route and any alternative routes _____

Anticipated parking needs Additionally parking required: City Hall and San Pablo Senior Center

Security plan for control of pedestrian and vehicular traffic No moving vehicles in (Chattleton Lane) between 11 AM – 3 PM .

Traffic Controllers/ guards and flaggers to control pedestrians flow

Sound Amplification/Music • **MUST** provide the following:

- Upon conditional approval of the application, written proof of notification to nearby residents affected by the potential noise will be required unless it is a city-sponsored event

Expressive Activity

- Application **Must** be completed no less than two (2) calendar days prior to the event.

Block Party and/or Street Closure • **MUST** provide the following:

- Attach proof of notification to the Fire Department _____
- Attach proof of notification to the local Ambulance Service(s) _____
- Attach proof of notification to the local Bus Service(s) _____

Vendor Fair Party/Celebration Business Event Other _____

Are there any alternative routes, times, or sites for your event should it prove necessary?

NO

SIGNAGE/PUBLICITY

Other than hand-held signs, what type of signage are you proposing to have at your event?

4 A- Frames, 3 Feather Flags

Where and how will it be mounted? They are all free Standing

Do you plan to advertise the event? Yes No

If yes, how? Check all that apply. Invitation only Radio Television Print Other

Describe Printed flyers, door hangers, social media, CCH County website

Will there be live media coverage during your event? Yes No

Describe _____

SITE PLAN

A detailed, legible, site plan to scale (1/8" = 1 foot preferred) must be attached to this application. Please show specific locations of the following: alcoholic and nonalcoholic concession areas; food concession and food preparation areas; portable and/or permanent toilet facilities; first aid facilities, tables and chairs, fencing, barriers and/or barricades; generators and/or source of electricity; tents/canopies; booths, exhibits, displays or enclosures; scaffolding, bleachers, platforms, stages, grandstands or related structures; vehicles and/or trailers; trash containers and dumpsters; valet route, parking sites, proximity to other buildings/structures, exit openings and pathways and other related event components not covered above.

ACCESSIBILITY PLAN

It is the applicant's responsibility to comply with all City, county, state, and federal disability access requirements applicable to the event; including the American with Disabilities Act (ADA). All indoor and outdoor sites, activities, and programs must be accessible to persons with disabilities. Attach a separate sheet describing your accessibility plan.

SECTION IV: Security and Safety

Will you be hiring a private security service? Yes No

If yes, provide name of security service provider, contact person and telephone number below **and** attach a copy of the security contract.

Company Name _____ Contact Person _____ Telephone _____

If no, describe your alternate/internal security plan/procedures (attach additional pages if needed).

Total number of personnel to be used _____

Will any security guards be armed? If yes, how many? _____ Yes No

Will there be security guards at the entrance? Yes No

Will there be security guards at the exit? Yes No

Will you have an on-site Primary First Aid Provider? Yes No

Will there be a command post at your event? Yes No

Please describe and list location of the command post:

NOTE: Security Service Personnel must be licensed with the California Department of Consumer Affairs. All service providers (i.e., security service provider, etc.) are required to possess or obtain a City of San Pablo Business License.

SECTION VI: Food/Alcohol

Will food be sold or served at your event? Yes No

Will food be cooked on site? Yes No

Describe Food Truck with CC Health Food permit, will serve food to participants at no cost to them

NOTE: Except for City-produced events, outdoor cooking is permitted only in parks where there are City installed BBQ grills.

Will your event be using a caterer? Yes No

If no, describe food handling, preparation, distribution and clean-up procedures. _____

*NOTE: If you plan to serve food to the public, you must obtain all required permits including a Temporary Health Permit **at least two (2) weeks** in advance of your scheduled event from the Contra Costa County Environmental Health Department, (925) 646-5225.*

Will alcoholic beverages be sold or served at your event? Yes No

Describe service area and security measures planned to ensure consumption is limited to persons 21 years or older. _____

NOTE: Alcoholic beverages may not be sold or consumed at parks or in public streets. Provided all alcohol management practices specified by the City are implemented and approved by City Management, approval of Event Permit will be contingent upon receiving a copy of your State of California Alcoholic Beverage Control (ABC) Permit/License (510) 622-4970.

SECTION VII: Entertainment Activities

Will a DJ or Band be used? Yes No

Name: _____

Contact Person/Authorized Representative: _____

Address: _____
Street City Zip Code

Telephone: (Home) _____ (Business) _____

Cell phone: _____ Fax: _____

Email: _____ Website: _____

Contact Person present at and in charge of music: _____

Address: _____ Cell phone: _____
Street City Zip Code

Will the sound/music during this event be amplified? Yes No

If yes, complete the attached Sound Permit Application and submit with this application.

What type of amplification (e.g., DJ, live band, stereo system, microphones) and for what use?

Circle One: Indoors Outdoors

Hours of amplified sound/music: Start _____ a.m. /p.m. Finish _____ a.m./p.m.

Number of stages _____ Number of bands _____ Type of music _____

Names of additional entertainers/band members: _____

APPEALS PROCESS

Any applicant may appeal any decision, condition, fees or charges by filing a written notice with the City Manager via the City Clerk's office within five (5) business days of the decision and needs to contain the name, address, phone number of applicant with a detailed description of the specific action or grounds to be reviewed. The City Manager will have one (1) business day to respond in writing and in a case of "expressive activity" may consult with the City Attorney. The City Manager's decision may be appealed in writing to the City Council via the City Clerk within five (5) business days and shall include the same information as the original appeal. Any appeals not filed within the listed time frames will not be considered. Failure to file an appeal constitutes a failure to exhaust administrative remedies unless the applicant can establish by a preponderance of the evidence that due to timeliness or other circumstances recognized by law the filing of such appeal would be futile.

INDEMNIFICATION

By signing below, the permittee expressly agrees to defend, protect, indemnify and hold the City, its officers, employees and agents free and harmless from and against any and all claims, damages, expenses, loss or liability of any kind or nature whatsoever arising out of, or resulting from, the alleged acts or omissions of permittee, its officers, agents or employees in connection with the permitted event or activity. The permittee shall, at permittee's own cost, risk and expense, defend any and all claims or legal actions that may be commenced or filed against the city, its officers, agents, or employees, and shall pay any settlement entered into and shall satisfy any judgment that may be rendered against the City, its officers, agents or employees as a result of the alleged acts or omissions of permittee or permittee's officers, agents or employees in connection with the uses, events or activities under the permit. This shall not be construed so as to require a permittee to indemnify the City for any damage or harm caused by the City itself or by third parties outside the control of the permittee, or for losses to the City occasioned by the reaction to the permittee's expressive activity.

SERVICE CHARGES

Pre-payment is required of traffic control and related costs, including the salaries and benefits of City personnel involved in traffic control, fire safety, or other facility or event support, the use of City equipment, clean-up costs, and other non-personnel expenses. Upon approval of an application for a special event permit, the Chief of Police shall provide the permittee with a statement of the estimated cost of such expenses. The permittee will be required to pre-pay prior to the issuance of the Special Event permit unless the Chief of Police, for good cause, extends time for payment, or, if the applicant appeals the required payment, the City Council in its discretion finds that a public purpose supports the City funding, partially funding or waiving such fees. In making this determination the City Council shall apply the factors set forth in SPMC §9.24.160.

SECTION IX: Certification and Receipt

I certify that I will fully comply with the City of San Pablo Special Events Ordinance and with the all specific conditions and general guidelines of the Special Event Permit. I certify and agree that I and my organization will be financially responsible for City fees and costs that may be incurred as a result of the event as set forth in SPMC §9.24.110.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Submitted by _____
(Please print)

Title _____

Signature _____

Date _____

FOR STAFF USE ONLY

The application fee shall be waived as to an applicant who qualifies as an indigent natural person, who is eligible for county relief and support under the California Welfare and Institutions Code, and who seeks to exercise First Amendment rights by applying for a special events permit for expressive activity under this chapter.

APPLICATION FEE PAYMENT METHOD

Amount enclosed \$ _____

Check or Money Order (Payable to: *City of San Pablo*)

Visa MasterCard # _____ Exp. Date _____

Name on card (please print):

Billing address of credit card:

Signature: _____ Date _____